



THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

Cosmos Heights, 269/270, Shaniwar Peth, Pune 411 030



APPLICATION FOR CLOSING DEMAT ACCOUNT

(For Beneficiary Account only)

To,
The Cosmos Co-operative Bank Ltd.
Depository Service Cell
Pune 411 030
DP ID : IN 301098

Date :

D	D	M	M	Y	Y	Y	Y
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1. I/We hereby request you to close my / our account with you as per following details :

Name of the holder(s)	
Sole / First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account _____

3. Client ID (of account to be closed)

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4. Please tick the application option(s)

<input type="checkbox"/> Option A [there are no balances / holdings in this account]							
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my/our own account (Provide target account details and enclose Client Master Report of Target Account)	Target Account Details					
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	<input type="checkbox"/> NSDL	DP ID				
		<input type="checkbox"/> CDSL	Client ID				
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form- for mutual fund units)]							

5. Signature (s)

Sole / First Holder	Second Holder	Third Holder

Acknowledgement



THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

Cosmos Heights, 269/270, Shaniwar Peth, Pune 411 030
Ph.: 24456591,24409253, Email : dematcell@cosmosbank.in
DP ID : IN 301098



We hereby acknowledge the receipt of your request for closing the following Account subject to verification :

DP ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Client ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Name Sole / First Holder																							
Name Second Holder																							
Name Third Holder																							
Signature of the Authorised Signatory		Seal / Stamp of Participant																					
Date : _____																							

The Cosmos Co-operative Bank Ltd.

Received at _____

Branch _____	H.O.DSC	Entered
Tie-up Bank _____		
Date :	Date :	Date :
Sign.	Sign.	Sign.

Instruction ID	
Entered by	
Verified by	

A/c Closed on Date	
Sign.	

A/c Closed	
Statement Send On	

No.: 1015 / 3,000 / 04-2021

Declaration
(at the time of Demat A/c Closure)

Date : _____

To,
Manager,
The Cosmos Co-operative Bank Ltd
Depository Service Cell

Sub : Submission of unused Delivery Instruction Slips

I / We _____ Wish to close my / our Demat
Account No. _____ I have submitted the demat account closure
form with required documents.

I / We am / are hereby returning all the unused delivery instruction slips to the Bank. Yes / No.

I / We do not have unused delivery instruction slip with me / us. Yes / No.

I / We will be responsible for any financial / other loss or any consequences occurred due
to non-submission of unused delivery instruction slip / DIS booklet at the time of closure
of my / our demat account with the Bank.

1) First / Sole holder's Name : _____

Signature : _____

2) Second holder's Name : _____

Signature : _____

3) Third holder's Name : _____

Signature : _____

(Signature of all holders required)